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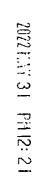
(Re	questor's Name)	
(Ad	dress)	-
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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C/ 8/13/2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bight LLC Name of Lim	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
John Thomas Name of Person			
Bight LLC First/Company			
54 Seg Sareze AV Address			
Delay Beach 4/ 33 City/State and Zip Code	483		
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this matter, please call:			
Name of Person at (6	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BighT, LLC	
2. (a) (b)	
Principal office address of limited liability company: Mailing address	ress of limited liability company: AY BE POST OFFICE BOX)
55 SE DND AVANUE 55 SE	E DND AVENUE
1	Berch F1 3348
	0 2 8 3 3 0 7
3. Date of filing/registration in Florida 4. Documen	t number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
_ 1	
John Thomas	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	20
54 SPG SAPEZE AVENUE	221
Delay Beach . FL 33483	$\frac{\omega}{\omega}$
(b)	<u>-0</u>
Enter name of NEW Registered Agent and/or NEW Registered Office address:	75 . ,
	:: 2
III DoNohue	
NEW Registered Office Address:	
SSSE QND AVENUE	
Dolay Beach FL 33483	
If the limited liability company is not organized under the laws of the State of Florida, it is	hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the busing agent will be identical. Or, in the case of a Florida limited liability company, it is hereby exwas/were authorized by an affirmative vote of the members of the limited liability company, the articles of organization or the operating agreement of the limited liability company.	ness office of the registered onfirmed that the change(s)
A = 0	, , , , , , , , , , , , , , , , , , ,
Signature of a member or authorized representative of a member Printed or to	typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur provisions of all statutes relative to the proper and complete performance of my duties, and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, to merely reflect a change in the registered office address. I hereby confirm that the limited notified in writing of this change.	ther agree to comply with the I I am familiar with and accept if this document is being filed Tiability company has been
Signature of Registered Agent	